



Consultation paper on Guidelines for the National Psychology Examination

Issued April 2011

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Consultation paper on Guidelines for the National Psychology Examination

Introduction

This consultation paper has been developed by the Psychology Board of Australia (the Board) under s. 39 of the National Law.¹ The consultation paper relates to the general registration standard (attached). This general registration standard has been approved by the Australian Health Workforce Ministerial Council on 31 March 2010 under the Health Practitioner Regulation National Law (2009) (the National Law) as in force in each state and territory, and took effect from 1 July 2010. The requirements for general registration in the standard are as follows:

Requirements

To be eligible for general registration an applicant:

- a) must have successfully completed a Board-approved qualification
- b) must meet the eligibility requirements of the legislation, including any registration standard set by the Board; and
- c) may be required to submit evidence of completion of a Board-approved examination.

This consultation paper provides further information about requirement (c). This consultation paper seeks stakeholder feedback on the proposed guidelines for candidates sitting the national psychology examination, and seeks specific feedback about the curriculum to support the examination. The draft will be available for four weeks. The Board aims to finalise these guidelines by 1 July 2011, after reviewing stakeholder responses.

This consultation paper has been issued by the Psychology Board of Australia under the authority of Professor Brin Grenyer, Chair, April 2011.

If you wish to provide comments on this paper, please lodge a written submission in electronic form, marked 'Attention: Chair, Psychology Board Examination Consultation' to chair@psychologyboard.gov.au by close of business on Friday 13th May 2011. Please note that your submission will be placed on the Board's website unless you indicate otherwise.

<http://www.psychologyboard.gov.au>

Who needs to use these guidelines?

These guidelines are developed to provide guidance to applicants for general registration. They do not relate to the scope of practice endorsement provisions.

These guidelines address the curriculum and format of the national psychology examination, to guide those preparing to sit the examination.

The national psychology examination will support applications for general registration and ensure a consistent professional standard of psychologists nationally. The Board advises that the national psychology examination will be implemented from 1 July 2013 for applicants seeking general registration.

¹ The National Law is contained in the schedule to the *Health Practitioner Regulation National Law Act 2009* (Qld).

The examination will be the final assessment before moving from provisional to general registration. In addition, the examination will also be used for:

- a) assessment of overseas-trained psychologists
- b) testing knowledge where questions of performance have been notified and
- c) return to work assessments after lengthy periods without practicing.

Summary

Under s. 12 of the National Law, the Australian Health Workforce Ministerial Council (the Ministerial Council) has approved the Psychology General Registration Standard.

National Psychology Examination

1 Background

Planning for a national psychology examination began 25 years ago at a conference in Queensland of State and Territory Psychologist Registration Boards and their New Zealand counterpart. The combined meeting, held in 1986, resolved to develop an examination, with a particular focus using it to test overseas psychologists applying for registration in Australia. In 1987 at the meeting in Canberra, consideration was given to a budget to finance the development of the national examination system. In 1990 at the meeting in Victoria, a system was approved in principle, but not implemented at that time. The 2007 Annual Meeting of the Council of Psychologists Registration Boards (CPRB), determined to instigate a process of developing options for a national examination, and it was resolved (with New Zealand abstaining): "That a CPRB Taskforce Working Party be established to explore a national examination proposal and report by March 2008". At that time, Ministers of Health determined to continue supporting the unaccredited two year internship pathway to general registration.

In 2008 the New South Wales Psychology Board issued a consultation paper on the development of a national psychology examination for public comment. Feedback and further consultations with key stakeholder groups at that time indicated strong support for the development of the examination and in 2009 at the CPRB meeting in Darwin, an update on the examination project was presented and made subject to peer review by all state and territory boards, representatives from the Australian Psychological Society and Heads of Departments and Schools of Psychology Association. An update on the status of the examination was published at that time (Grenyer, B.F.S. (2009). Development of a national psychology examination. *InPsych: Bulletin of the Australian Psychological Society*, 32 (3), 13).

In 2010 the approved registration standard for general registration established under the National Law included the passing of a board-approved examination, and the NSW Board approved funds to help support the initial development of the examination. In September 2010 the Psychology Board of Australia approved the appointment process for a national psychology examination panel, and announced the panel in February 2011.

2 Curriculum of the National Psychology Examination

The examination is designed to test the following capabilities at an entry level appropriate for a psychologist applying to move from provisional to general registration i.e. at initial general registration standard:

- a) knowledge of the discipline
- b) ethical, legal and professional matters
- c) psychological assessment and measurement
- d) intervention strategies
- e) research and evaluation
- f) communication and interpersonal relationships
- g) working within a cross-cultural context
- h) practice across the lifespan.

These eight capabilities are measured by four examination domains, as described below.

D1 Domain 1 Legal, Ethical and Professional Conduct

D2 Domain 2 Assessment and Measurement

D3 Domain 3 Service Delivery

D4 Domain 4 Communication

D1 Domain 1 LEGAL, ETHICAL AND PROFESSIONAL CONDUCT

This domain focuses on legal, ethical and professional conduct, and their application to psychological practice. The areas to be examined are as follows.

D1.1 Sensitivity to different cultural and indigenous values

Legal Issues

D1.2 Knowledge and application of the relevant legislation:

D1.2a Health Practitioner National Law and associated generic State and Territory Acts and Regulations of Parliament

D1.2b Relevant sections of legislation and principles of best practice relating to:

- Privacy, freedom of information and maintenance of health records
- Antidiscrimination and equal opportunity
- Mental health care (e.g. involuntary treatment, informed consent)
- Principles related to obligations to report and risks to the public (e.g. child abuse, elder abuse, domestic violence, criminal acts, unsafe sexual practice, suicide risk)
- Guardianship
- Children and adolescents
- Workers compensation and disability services
- Victims of criminal and civil wrongs

Ethical Issues

D1.3 Knowledge and application of the ethical principles and standards enshrined in the ethical codes and guidelines endorsed by the Psychology Board of Australia at the time

Professional Issues

D1.4 Models and approaches for professional development including:

methods for: developing, updating, and enhancing knowledge in proficiencies and specialties and continuing education; professional self-management including self-reflection, self-assessment (including awareness of own cultural background and any resulting bias or skewed perceptions) and management of the emotional and physical impact of practice; clinical supervision and peer consultation and supervision; working effectively with autonomy but with a recognition of self-limits, appropriateness of credentials and accountability.

D1.5 Maintaining professional relationships including:

propriety of relationships amongst psychologists as well as between psychologists and other professionals, and the ability to work collaboratively; and, mechanisms for conflict resolution between psychologists and clients, colleagues, employers and other professionals, including health care and professional impairment/misconduct complaint procedures.

D1.6 Aspects of professional practice including:

personal presentation; roles within the profession and the workplace; registration issues; advertising and public statements; administration, record keeping and note-taking procedures; negotiated workplace agreements; and, understanding of gender, age, sexuality and cultural diversity in terms of service needs and working practices (and ability to acquire relevant knowledge of other cultures etc.).

D2 Domain 2 ASSESSMENT AND MEASUREMENT

This domain focuses on skills and knowledge in conducting psychological assessment, and applying this knowledge to problem formulation. The areas to be examined are as follows.

D2.1 Understanding basic and cross-cultural issues in test use, selection, interpretation, acceptability and appropriateness

D2.2 Different models and methods of assessment. Understanding the application and limitations of tests and their psychometric and normative basis, including test reliability, validity, utility and standardisation.

D2.3 Identifying and choosing appropriate assessment instruments.

D2.4 Scoring and interpreting test results.

D2.5 The examination will test forms of assessment including:

D2.5a the Mental Status Examination

D2.5b Risk assessment of harm to self or others (acute and chronic)

D2.5c Interview techniques - structured interview, unstructured interview, selection interview, survey interview, clinical interview for diagnostic purposes, individual interviews, and group based interviews.

D2.5d Systematic behavioural observation including: natural observation, clinical observation, and observation of individuals or groups.

D2.5e Integrating and generating third party interview reports and observations

D2.6 The examination will test the candidate's ability to administer, score, interpret and write reports using psychometric tests selected from the following categories (candidate must know at least one from each category):

D2.6a Adult or child intelligence tests (e.g. WAIS IV, WISC IV, WPPSI-III, Stanford Binet V, Kaufman Adolescent and Adult Intelligence Test, Kaufman Assessment Battery for Children, Differential Ability Scales).

D2.6b Standardised test of personality (e.g. MMPI-2, 16PF, PAI, CPI, OMNI, NEO-PI, Rorschach).

D2.6c Specialised test of memory (e.g. Wechsler Memory Scale, Wide Range Assessment of Memory and Learning).

D2.7 The examination will further test the candidate's ability to administer, score, interpret and write reports using current editions of psychometric tests selected from the following categories: specialised cognitive assessments, developmental and educational, vocational, adaptive behaviour, mental health, counselling, and clinical and health tests.

D2.8 Diagnostic assessment across different settings, client groups and for different purposes: The examination will test: knowledge of psychopathology; knowledge and application of diagnostic classification systems (including current versions of DSM and ICD); hypothesis generation and testing leading to diagnosis; and, ability to formulate the predisposing, precipitating, perpetuating and protective factors which provide an account of why this particular client is presenting with these issues at this time.

D2.9 Suicide risk assessment

D3 Domain 3 SERVICE DELIVERY

This domain focuses on the provision of psychological services. The areas to be examined are as follows.

D3.1 Knowledge of basic counselling skills and their application in service delivery, including: principles of establishing good rapport with clients; active listening; empathic responding; reflection; questioning; summarising; finding solutions; and closure.

D3.2 Adopting culturally and linguistically appropriate interventions. Principles of working sensitively with the carers and families of clients where appropriate.

D3.3 Justification of the link between diagnosis, formulation and intervention chosen.

D3.4 How to develop or plan professionally recognised preventative, developmental, remedial interventions or other services

D3.5 Knowledge of evidence based interventions, and their application, including:

D3.5a Contemporary theories and models of treatment/intervention (e.g. cognitive behavioural; psychodynamic; behavioural; family systems/ecological; humanistic; narrative; problem focussed approaches; psychoeducational; rehabilitation and recovery; biopsychosocial; and, organisational and career development).

D3.5b Individual, couple, family, group, organizational, or community interventions

D3.5c Psychopharmacology, drug classification, pharmacokinetics and pharmacodynamics

D3.5d Techniques to enhance performance for individuals, groups and organizations

D3.5e Interventions for health promotion, relapse prevention, suicide risk prevention

D3.6 Delivery of approved Focused Psychological Strategies (FPS), which have been specified as:

D3.6a Psychoeducation

D3.6b Motivational interviewing

D3.6c Cognitive behaviour therapy, including:

Behavioural interventions, behaviour modification (especially for children, including behavioural analysis and contingency management), Exposure techniques, Activity scheduling, Cognitive interventions, Cognitive analysis, challenging and restructuring, Self-instructional training, Attention regulation, Relaxation strategies, Guided imagery, deep muscle

and isometric relaxation, controlled breathing, Skills training, Problem solving skills training, Anger management, Stress management, Communication training, Social skills training, and Parent management training.

D3.6d Interpersonal therapy (especially for depression).

D3.6e. Other focussed psychological strategies including narrative therapy and other brief evidence-based psychotherapies, particularly as appropriate for specific groups such as Aboriginal and Torres Strait Islander people.

D3.7 Understanding how to develop and maintain effective interpersonal relationships:

D3.7a establishing and maintaining positive working alliances with colleagues especially in multidisciplinary teams

D3.7b establishing and maintaining constructive working and therapeutic alliances with clients and negotiating a treatment or service contract

D3.7c knowledge and awareness of theoretical and empirical research regarding: power relationships; therapeutic alliance; social psychology of organisations; and, fluctuations in the therapeutic relationship as a function of environment (e.g. housing or workplace), client (e.g. beliefs, personality or physical health), and therapist (e.g. inappropriate structure or pacing).

D3.8 Knowledge of how to evaluate the impact of professional services

Including: ongoing monitoring, evaluation and review of the effectiveness of the intervention, measuring change in behavioural, cognitive and emotional functioning and modifying the problem formulation, hypotheses and initial intervention accordingly.

D3.9 Understanding of how to use research to inform service delivery: including an understanding of:

D3.9a. research design, methodology, and program evaluation,

D3.9b. instrument selection, reliability and validity assessment,

D3.9c. statistical models, assumptions, and procedures.

D3.9d. evaluation of psychological literature relevant to identified client problems and application of the research in the context of intervention

D4 Domain 4 COMMUNICATION

This domain focuses on communicating to clients, other professionals, organisations or the wider community. The areas to be examined are as follows.

D4.1 Knowledge of the types and appropriate methods of professional communication, both oral and written

D4.2 Ability to communicate with clarity, accuracy, coherence, organisation and succinctness

D4.3 Record keeping procedures that meet professional, organisational, ethical and legislative requirements

D4.4 Knowledge of appropriate report writing techniques across different domains (e.g. reports for audiences including: health professionals; legal professionals; public servants; employees of insurance companies; and, work related or organisational reports to employers).

D4.5 Knowledge of referral procedures, including the roles of other professionals at all levels of care, and knowledge of healthcare system procedures and structures

D4.6 Knowledge of consultation models across individuals, families, groups, and organizations

D4.7 Knowledge of methods to communicate to, and liaise with, professional groups (e.g. oral case review, conference presentations, journal writing)

D4.8 Understanding of the need to effectively and sensitively adapt communication based on factors including: cultural, ethnic, religious, social and political backgrounds and contexts; cognitive ability; sensory acuity; differing preferred modes of communication; and the influence of candidates' own personal motivation, biases and values.

3 Recommended Textbooks and Readings

Note: these will be updated annually and published on the Psychology Board of Australia website.

Ethics and professional practice for psychologists

Authors: Shirley Morrisey & Prasuna Reddy.

Edition/Copyright: 2006

Publisher: Thomson Social Science Press / Thomson Learning Australia

Ethical practice in psychology - Reflections from the creators of the APS Code of Ethics.

Editors: Allan, A., & Love, A. W.

Edition/Copyright: 2010

Publisher: John Wiley & Sons.

Confidentiality for mental health professionals: A guide to ethical and legal principles

Authors: Annegret Kämpf, Bernadette McSherry, James Ogloff, Alan Rothschild

Edition/Copyright: 2009

Publisher: Australian Academic Press

Handbook of Psychological Assessment

Author: Gary Groth-Marnat.

Edition/Copyright: 5th edition, 2009

Publisher: John Wiley & Sons, Inc.

Essentials of Assessment Report Writing

Author: Lichtenberger, Mather, Kaufman & Kaufman

Edition/Copyright: 2004

Publisher: John Wiley & Sons, Inc.

Treatment Plans and Interventions for Depression and Anxiety Disorders

Author: Robert L. Leahy, & Stephen J. Holland

Edition/Copyright: 2000

Publisher: The Guilford Press

Practical Counselling and Helping Skills: Text and Activities for the Lifeskills Counselling Model

Author: Richard Nelson-Jones

Edition/Copyright: 5th edition, 2005

Publisher: SAGE Publications, London

Understanding Research in Clinical and Counseling Psychology

Editors: Jay C. Thomas & Michel Hersen

Edition/Copyright: 2003

Publisher: Lawrence Erlbaum Associates

New 2nd edition:

Editors: Jay C. Thomas & Michel Hersen

Edition/Copyright: 2nd edition, February 25, 2011

Publisher: Routledge

Interpersonal Process in Therapy: An Integrative Model

Authors: Edward Teyber, Faith Holmes McClure

Edition/Copyright: 6th edition, 2011

Publisher: Cengage, USA

Psychopharmacology for Health Professionals

Authors: Kim Usher, Kim Foster and Shane Bullock

Edition/Copyright: 2008

Publisher: Elsevier Australia

Private Practice Psychology: A Handbook

Authors: Richard Kasperczyk & Ronald D. Francis

Edition/Copyright: 2002

Publisher: Wiley-Blackwell, UK

Working Together: Aboriginal and Torres Strait Islander Mental Health and Wellbeing Principles and Practice

Editors: Nola Purdie, Pat Dudgeon and Roz Walker

Edition/Copyright: 2010

http://www.ichr.uwa.edu.au/files/user5/Working_Together_book_web_0.pdf

Management of Mental Disorders, Volumes 1 and 2

Authors: Treatment Protocol Project

Edition/Copyright: 4th Edition, 2004

Publisher: World Health Organization Collaborating Centre for Evidence in Mental Health Policy

Readings

Suicide Risk Assessment Documents:

NSW Health (2004). Suicide Risk Assessment and Management Protocols: Community Mental Health Service.

http://www.health.nsw.gov.au/pubs/2004/pdf/community_mental_hlt.pdf

LIFE Living is for everyone (2007).

<http://www.livingisforeveryone.com.au/LIFE-Fact-sheets.html>

Mental Health First Aid Website

<http://www.mhfa.com.au/Guidelines.shtml>

http://www.mhfa.com.au/documents/guidelines/8191_MHFA_suicide_guidelines.pdf

http://www.mhfa.com.au/documents/guidelines/8307_AMHFA_Suicide_guidelinesemail.pdf

The Royal Australian and New Zealand College of Psychiatrists – Clinical Practice Guidelines Deliberate self harm clinician version

<http://www.ranzcp.org/images/stories/ranzcp-attachments/Resources/Publications/CPG/Clinician/APY541.pdf>

Acute Stress/PTSD and Acute Pain Management:
NHMRC- <http://www.nhmrc.gov.au/publications/>

Ethics Documents:

APS Code of Ethics 2007

http://www.psychology.org.au/Assets/Files/Code_Ethics_2007.pdf

Regulation Documents:

Psychology Board of Australia

<http://www.psychologyboard.gov.au/>

4 Format of the National Psychology Examination

The examination will be multiple-choice, and is expected to be three hours in duration with a likely 150 questions.

The questions will be designed to test the application of psychology knowledge appropriate for candidates at the end of six years of training. It will avoid testing the recall of knowledge, but rather assess reasoning in applying knowledge to actual psychological case studies. The examination will assume the foundation knowledge of the first four years of training (i.e. in the undergraduate curriculum) but will not specifically test that knowledge.

Test items will be mostly in the format of:

- a. A vignette or scenario
- b. A lead in question
- c. A set of five options, of which one is the best answer and four are distractors.

Sample item

A 48-year old man is referred to you by the local Workcover agency for an assessment of his ability to return to work following an industrial accident. The accident involved the man injuring his leg on an industrial site in which part of scaffolding fell, injuring two other men and resulting in the death of a third workmate. The referral mentions continuing pain in the leg, difficulty sleeping, and marital conflict.

What would you have as your primary hypothesis as to the diagnosis?

- a. Primary insomnia
- b. Post traumatic stress disorder *
- c. Generalised anxiety disorder
- d. Adjustment disorder
- e. Pain disorder

Sample questions and further detailed instructions for candidates will be issued in further Board publications over the next 12-18 months.

5 Frequently asked questions

Why do we need a national psychology examination?

Consistent with its mission to regulate psychologists in Australia in the public interest the Psychology Board of Australia aims to promote a competent and flexible psychology workforce that meets the current and future needs of the Australian community. Registration as a psychologist requires six years of training, but at present there are multiple pathways to achieve that training. The 5th and 6th years of training, during which professional practice skills of psychologists are required, are currently provided by both accredited and unaccredited training options, including individual supervised work placements, private college

programs, and university professional courses. In addition, the Board receives many applications from individuals who have trained in a variety of overseas institutions. The national psychology examination is a mechanism for measurement of a minimum level of applied professional knowledge of psychology, regardless of the various training backgrounds. The examination will contribute one source of evidence to the Board that an applicant meets the minimum standard expected by the public of a generally registered entry-level psychologist.

Why is the examination multiple-choice?

Multiple-choice examinations that are well constructed can test applied knowledge and allow the candidate to demonstrate psychological reasoning. Although they can rely upon a factual knowledge base, the national examination developed for psychologists will rely more on the application of that knowledge to real-world psychological problems. The test will therefore examine skills in assessment approaches, intervention selection and implementation, communication and reporting skills, and applied ethical and professional reasoning. Multiple-choice examinations are widely used in medical and other health professions to support applications for general entry to a profession from both local and international applicants. Well-constructed examinations based on a transparent curriculum support an objective and defensible approach to testing a registration standard.

Why not a viva voce or a practical demonstration of applied skills?

The national examination is only one source of information relevant to the Board in determining suitability for general registration. Trainees also need to demonstrate competence within their period of supervised practice in the 5th and 6th years. Mechanisms for assessing that competence include direct demonstration to supervisors of practical work and other demonstrations of competence. The Board currently relies upon its approved supervisors to undertake competency assessments of applied skills.

What is the difference between this examination and the examinations for professional Masters and Doctorate programs?

The vast majority of professional Masters programs offered in Australia are designed to develop both general skills and advanced skills relevant to candidates preparing for one of the endorsed scopes of practice (e.g. clinical psychology). As such these university examinations generally mix general and advanced topics, with a focus particularly on the specific advanced scopes of practice. The national psychology examination only tests general entry-level knowledge (see also exemptions below).

Are there any exemptions from doing the examination?

The Board is currently considering applying an exemption from sitting the examination to applications for general registration from candidates who have completed professional Australian accredited Masters and Doctorates within the past five years from the date of application. The Board welcomes stakeholder submissions regarding a rationale for exemptions.

What if I fail the examination?

Candidates who fail the examination will be permitted to re-sit the examination after three months of further supervised practice as a provisionally registered psychologist. There are no limits to the number of times a candidate can sit an examination while they maintain their provisional registration. There are limits to renewal of provisional registration, and candidates will need to get permission from the Board to continue in training. Internationally qualified psychologists will be eligible to sit the exam as part of the process of assessment before registration in Australia.

I'm applying for general registration but I completed my 6th year overseas. Do I need to sit the examination?

Yes. The examination applies to all applicants who completed their professional psychology training overseas.

North America currently has a psychology examination - why don't we use that?

The North American examination is designed to test the whole psychology curriculum, from years 1 - 6. It therefore includes examination of the basic science of the discipline. The Australian examination is different because it tests applied general psychology practice as studied and developed in the 5th and 6th years. It is also structured differently and has a problem-based case study format.

I want to become an organisational psychologist, why do I need to study Focussed Psychological Strategies in the examination?

Holding general registration means that you possess a general applied psychology skill set to allow you to practice across a wide range of psychology workplaces. The Board's role is to ensure that any psychologist who offers services to the public possesses this skill set to protect the public. The curriculum is designed to ensure that psychologists are able to demonstrate understanding of these core areas of practice. The Board specifically welcomes feedback on the examination curriculum through this consultation process.

Why does the curriculum seem to be so weighted towards counselling and mental health?

A psychologist who has obtained general registration is eligible to provide mental health services. The Board views these services as basic to many other areas of application of psychological knowledge and has the obligation to ensure that such services are delivered by psychologists who have demonstrated their competence.

The Australian psychology workforce survey (Mathews, R., Stokes, D.L., Crea, K. N., and Grenyer, B.F.S. (2010) The Australian Psychology Workforce 1: A National Profile of Psychologists in Practice. Australian Psychologist, 45, 154-167) demonstrated that overall psychologists as a group spend 43% of their main job in counselling and mental health interventions, and if they have a second job (usually a private practice), 50% of the role was undertaking that work. The next most prevalent role was undertaking behavioural assessments (5.5% of the main role). The Board's view is that that competence in the major most prevalent work types undertaken by psychologists should be carefully and thoroughly examined.

6 Questions to Stakeholders regarding National Psychology Examination

In making responses to this consultation paper, the Board seeks specific comments on the following issues:

1. Is the curriculum broad enough in scope to represent the entry-level knowledge and skills of a beginning generally registered psychologist? The Board would be interested in areas that are omitted, or suggestions for revision.
2. Are the suggested textbooks and recommended readings appropriate to the entry level knowledge and skills of a beginning generally registered psychologist?

3. At present the Board is recommending all applications for general registration undertake the examination, with limited exemptions (Professional Masters and Doctorate graduates). Comments are invited about possible grounds for exemption from certain types of applicants.
4. The Board is seeking feedback on any aspect of the consultation paper.

Attachment A — Extract of relevant sections from the National Law

General provisions

Part 5, Division 3 Registration standards and codes and guidelines

39 Codes and guidelines

A National Board may develop and approve codes and guidelines —

- (a) to provide guidance to the health practitioners it registers; and
- (b) about other matters relevant to the exercise of its functions.

Example. A National Board may develop guidelines about the advertising of regulated health services by health practitioners registered by the Board or other persons for the purposes of section 133.

40 Consultation about registration standards, codes and guidelines

- (1) If a National Board develops a registration standard or a code or guideline, it must ensure there is wide-ranging consultation about its content.
- (2) A contravention of subsection (1) does not invalidate a registration standard, code or guideline.
- (3) The following must be published on a National Board's website —
 - (a) a registration standard developed by the Board and approved by the Ministerial Council;
 - (b) a code or guideline approved by the National Board.
- (4) An approved registration standard or a code or guideline takes effect —
 - (a) on the day it is published on the National Board's website; or
 - (b) if a later day is stated in the registration standard, code or guideline, on that day.

12 Approval of registration standards

- (1) The ministerial Council may approve a registration standard about —
 - (a) The registration, or renewal of registration, of persons in a health profession; or
 - (b) The endorsement, or renewal of the endorsement, of the registration of registered health practitioners.
- (2) The Ministerial Council may approve a registration standard for a health profession only if—
 - (a) Its approval is recommended by the National Board established for the health profession; and
 - (b) It does not provide for a matter about which an accreditation standard may provide.

Note. An accreditation standard for a health profession is a standard used to assess whether a program of study, and the education provider that provides the program, provide persons who complete the program with the knowledge, skills and professional attributes to practise the profession in Australia. Accreditation standards are developed and approved under Division 3 of Part 6.
- (3) The Ministerial council may, at any time, ask a National Board to review an approved or proposed registration standard for the health profession for which the National Board is established.

Attachment B — General Registration Standard

Psychology Board of Australia General registration standard



Authority

This standard has been approved by the Australian Health Workforce Ministerial Council on 31 March 2010 pursuant to the *Health Practitioner Regulation National Law (2009)* (the National Law) with approval taking effect from 1 July 2010.

Summary

The Board has determined that the qualifications that lead to general registration are:

- a). an accredited Master's degree; or
- b). a five year accredited sequence of study followed by a one year Board approved internship (5+1); or
- c). a four year accredited sequence of study followed by a two year Board approved internship (4+2); or
- d). a qualification that in the Board's opinion is substantially equivalent to either (a), (b) or (c).
- e). In addition to the completion of an approved qualification the Board may require the passing of an examination prior to accepting an application for general registration.

Scope of application

This standard applies to all applicants for general registration.

Requirements

To be eligible for general registration an applicant:

- a). must have successfully completed a Board-approved qualification
- b). must meet the eligibility requirements of the legislation, including any registration standard set by the Board; and
- c). may be required to submit evidence of completion of a Board-approved examination.

Review

This standard will commence on 1 July 2010. The Board will review this standard at least every three years.

